

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete if Known**

Application Number	09/681,655
Filing Date	May 16, 2001
First Named Inventor	Lawrence O'Gorman
Examiner Name	Samir Anwar Ahmed
Art Unit	2623
Attorney Docket No.	01-VD-093C1 (850063.585C1)

# **FEE TRANSMITTAL** **for FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **1,810**
**METHOD OF PAYMENT (check all that apply)**

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments    ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Provisional	200	100	0	0	0	0	_____	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<u>9</u> -20 or HP = <u>0</u> X <u>0</u> = <u>0</u>					<u>0</u>	<u>0</u>

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>3</u> -3 or HP = <u>0</u> X <u>0</u> = <u>0</u>			

HP = highest number of total claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>      </u> -100 = <u>      </u> /50 = <u>      </u> (round up to a whole number) x <u>      </u>				

HP = highest number of total claims paid for, if greater than 20


**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE)

Extension of Time (3 months)

**Fees Paid (\$)**7901020**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	31,153	Telephone	206-622-4900
Name (Print/Type)	David V. Carlson	Date	January 12, 2005		